

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/						51					/
2		/					52					/
3		/					53					/
4		/					54					/
5		/					55					/
6		/					56					/
7		/					57					/
8		/					58					/
9		/					59					/
10	/						60					/
11		/					61					/
12		/					62					/
13		/					63					/
14		/					64					/
15		/					65					/
16		/					66					/
17		/					67					/
18		/					68					/
19		/					69					/
20		/					70					/
21		/					71					/
22		/					72					/
23		/					73					/
24		/					74					/
25		/					75					/
26		/					76					/
27		/					77					/
28		/					78					/
29		/					79					/
30		/					80					/
31		/					81					/
32		/					82					/
33		/					83					/
34		/					84					/
35		/					85					/
36		/					86					/
37		/					87					/
38		/					88					/
39		/					89					/
40		/					90					/
41		/					91					/
42		/					92					/
43		/					93					/
44		/					94					/
45		/					95					/
46		/					96					/
47		/					97					/
48		/					98					/
49		/					99					/
50		/					100					/
TOTAL IND.			2				TOTAL IND.					
TOTAL DEP.			17				TOTAL DEP.					
TOTAL CLAIMS			19				TOTAL CLAIMS					